



**IOWA DEPARTMENT OF PUBLIC HEALTH**  
**Data Sharing Agreement Application**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Entity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dataset(s) Requested: \_\_\_\_\_

Years of Data Requested: \_\_\_\_\_

Variables from each dataset (data dictionaries are available upon request):



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Purpose:

If **Vital Records** data is being requested, are you using the data for statistical, verification, or other purposes?

**Statistical purposes:** *taking all or parts of our data and creating statistics for program purposes or evaluations (using birth or death data to create trending reports and base program decisions on these reports).*

**Verification purposes:** *using our data to verify against their data (purge records using death would be verifying the person died).*

Statistical Purposes

Verification Purposes

Other Purposes

If other, please describe:

Will anyone besides yourself be using or have access to the data?

Yes

No

Will you be publishing the data?

Yes

No

If yes, then please provide details regarding the intended publication.



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How will the data be stored?

The standard format for data files is comma-delimited with double-quotes around fields that have commas in them, with a header record. Do you require variation from this format? (if yes, please describe)"

Frequency of Data Load:

One Time

Yearly

Other (Specify): \_\_\_\_\_

Please submit electronically to the Data Management Program  
(McKenzie.Leier@idph.iowa.gov).

OR return the completed application materials by fax or mail to:

Iowa Department of Public Health  
Data Management Program  
321 East 12th Street  
Des Moines, IA 50319-0075



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Fax Number: 515-281-0488